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* * * * * Welcome to STN International * * * * *

NEWS	1			Web Page for STN Seminar Schedule - N. America
NEWS	2	NOV	21	CAS patent coverage to include exemplified prophetic substances identified in English-, French-, German-, and Japanese-language basic patents from 2004-present
NEWS	3	NOV	26	MARPAT enhanced with FSORT command
NEWS	4	NOV	26	CHEMSAFE now available on STN Easy
NEWS	5	NOV	26	Two new SET commands increase convenience of STN searching
NEWS	6	DEC	01	ChemPort single article sales feature unavailable
NEWS	7	DEC	12	GBFULL now offers single source for full-text coverage of complete UK patent families
NEWS	8	DEC	17	Fifty-one pharmaceutical ingredients added to PS
NEWS	9	JAN	06	The retention policy for unread STNmail messages will change in 2009 for STN-Columbus and STN-Tokyo
NEWS	10	JAN	07	WPIDS, WPINDEX, and WPIX enhanced Japanese Patent Classification Data

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NEWS HOURS	STN Operating Hours Plus Help Desk Availability
NEWS LOGIN	Welcome Banner and News Items
NEWS IPC8	For general information regarding STN implementation of IPC 8

Enter NEWS followed by the item number or name to see news on that specific topic.

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* * * * * STN Columbus * * * * *

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=> file .meeting
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Enter "HELP FILE NAMES" at an arrow prompt (=>) for a list of files that are available. If you have requested multiple files, you can specify a corrected file name or you can enter "IGNORE" to continue accessing the remaining file names entered.
ENTER A FILE NAME OR (IGNORE):ignore
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FULL ESTIMATED COST	0.22	0.22

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FILE 'BIOTECHNO' ENTERED AT 16:15:21 ON 29 JAN 2009

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=> (beta hCG) and (miscarriage or retardation or premature or preeclampsia)

L1	0	FILE AGRICOLA
L2	25	FILE BIOTECHNO
L3	0	FILE CONFSCI
L4	0	FILE HEALSAFE
L5	1	FILE LIFESCI
L6	76	FILE PASCAL

TOTAL FOR ALL FILES

L7	102	(BETA HCG) AND (MISCARRIAGE OR RETARDATION OR PREMATURE OR PREECLAMPSIA)
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=> (e beta hCG) and (miscarriage or retardation or premature or preeclampsia)

L8	0	FILE AGRICOLA
L9	0	FILE BIOTECHNO
L10	0	FILE CONFSCI
L11	0	FILE HEALSAFE
L12	0	FILE LIFESCI
L13	0	FILE PASCAL

TOTAL FOR ALL FILES

L14	0	(E BETA HCG) AND (MISCARRIAGE OR RETARDATION OR PREMATURE OR PREECLAMPSIA)
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=> dup rem
ENTER L# LIST OR (END):12
PROCESSING COMPLETED FOR L2
L15 25 DUP REM L2 (0 DUPLICATES REMOVED)

=> d 115 ibib abs total

L15 ANSWER 1 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
ACCESSION NUMBER: 2003:36687884 BIOTECHNO
TITLE: Relationship among maternal serum endocrinology,
placental karyotype, and intervillous circulation in
early pregnancy failure
AUTHOR: Greenwold N.; Jauniaux E.; Gulbis B.; Hempstock J.;
Gervy C.; Burton G.J.
CORPORATE SOURCE: Dr. E. Jauniaux, Acad. Dept. of Obstet./Gynaecology,
Univ. College London Medical School, 86-96 Chenies
Mews, London WC1E 6HX, United Kingdom.
E-mail: e.jauniaux@ucl.ac.uk
SOURCE: Fertility and Sterility, (01 JUN 2003), 79/6
(1373-1379), 28 reference(s)
CODEN: FESTAS ISSN: 0015-0282
DOCUMENT TYPE: Journal; Article
COUNTRY: United States
LANGUAGE: English
SUMMARY LANGUAGE: English
AN 2003:36687884 BIOTECHNO
AB Objective: To evaluate the relationship among maternal serum
endocrinology, placental karyotype, and intervillous blood flow in missed
miscarriage. Design: Cross-sectional study of maternal serum,
transvaginal ultrasound/Doppler, and placental cytogenetic and
immunohistochemical investigations. Setting: Tertiary care academic
hospital. Patient(s): One hundred fifty-two women with missed
miscarriage between 7 and 13 weeks of gestation. Intervention(s):
Ultrasound features, placental intervillous circulation findings on color
Doppler imaging, and maternal serum level of alpha-fetoprotein (AFP), .
beta.-hCG, E.sub.2, P, and inhibin A were compared
retrospectively with placenta karyotype and hCG immunochemistry. Main
outcome measure(s): Data were analyzed according to karyotype results,
presence or absence of an intervillous circulation, and delay between
fetal demise and evacuation. Result(s): The presence of intervillous
blood flow and serum concentrations of the different hormones were
independent of placental karyotype. Serum .beta.-hCG
and P were significantly higher in cases with intervillous blood flow. No
difference in immunostaining for .beta.-hCG was found
between placental tissues from normal pregnancies and missed
miscarriages, but significantly higher villous .beta.-
hCG content was found on Western blotting in miscarriage
with a recent fetal demise. Conclusion(s): The excessive entry of
maternal blood inside the placenta in the early stage of most
miscarriages is unrelated to conceptus karyotype, and hCG
features may reflect a temporary attempt of the trophoblast to stabilize
after the initial oxidative insult. .COPYRG. 2003 by American Society
for Reproductive Medicine.

L15 ANSWER 2 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
ACCESSION NUMBER: 2003:36385023 BIOTECHNO
TITLE: Serum concentrations of interleukin-2R (IL-2R), IL-6,
IL-8, and tumor necrosis factor alpha in patients with
ectopic pregnancy
AUTHOR: Soriano D.; Hugol D.; Quang N.T.; Darai E.
CORPORATE SOURCE: Dr. E. Darai, Service de Gynecologie, Hopital Tenon, 4

rue de la Chine, 75020, Paris, France.
 E-mail: emile.darai@tnn.ap-hop-paris.fr
 SOURCE: Fertility and Sterility, (01 APR 2003), 79/4
 (975-980), 29 reference(s)
 CODEN: FESTAS ISSN: 0015-0282
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United States
 LANGUAGE: English
 SUMMARY LANGUAGE: English
 AN 2003:36385023 BIOTECHNO
 AB Objective: To investigate the diagnostic relevance of serum cytokine concentrations in ectopic pregnancy (EP). Design: Cohort study. Setting: University hospital. Patient(s): Seventeen women with EP, 22 women with miscarriage, and 33 women with normal intrauterine pregnancy, at comparable stages of gestation. Intervention(s): Interleukin (IL)-2 receptor, IL-6, IL-8, and tumor necrosis factor alpha (TNF- α) determination by immunoradiometric assay. Main Outcome Measure(s): Serum concentrations of progesterone, .beta.-hCG, IL-2R, IL-6, IL-8, and TNF- α . Result(s): Serum levels of IL-6 were higher in women with EP than in those with miscarriage and normal pregnancy. Serum levels of TNF- α were higher in women with EP than in those with miscarriage and normal pregnancy. Serum levels of IL-8 were higher in women with EP than in those with miscarriage and normal pregnancy. An IL-8 cutoff of >40 pg/mL predicted EP with a sensitivity of 82.4%, a specificity of 81.8%, and positive and negative predictive values of 58.3% and 93.8%. No difference in serum IL-2R levels was found among the groups. Conclusion(s): Serum IL-8, IL-6, and TNF- α concentrations are higher in women with EP than in those with miscarriage and normal pregnancy. Further studies are needed to determine their diagnostic value. .COPYRG. 2003 by American Society for Reproductive Medicine.

L15 ANSWER 3 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 2003:37152207 BIOTECHNO
 TITLE: Practicability of using vaginal fluid markers in detecting premature rupture of membranes
 AUTHOR: Ni C.Y.; Jia W.X.; Yi W.M.; Feng L.H.; Yu L.Z.
 CORPORATE SOURCE: Dr. C.Y. Ni, Central Laboratory, Guang Zhou Red Cross Hospital, Guang Zhou 510220, China.
 E-mail: stcyn@zsu.edu.cn
 SOURCE: Annals of Clinical Biochemistry, (2003), 40/5
 (542-545), 17 reference(s)
 CODEN: ACBOBU ISSN: 0004-5632
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United Kingdom
 LANGUAGE: English
 SUMMARY LANGUAGE: English
 AN 2003:37152207 BIOTECHNO
 AB Background: Premature rupture of membranes (PROM) may cause intra-uterine infection and fetal death. A diagnostic tool that is non-invasive, specific and quick is needed to predict PROM. Human chorionic gonadotrophin (hCG), α -fetoprotein (AFP) and interleukin 6 (IL-6), which are present in vaginal fluid, were reported to be potential markers for PROM but have not yet been used in the clinic. This study was designed in a daily routine semi-emergency setting to evaluate the clinical practicability of using these markers in diagnosing PROM. Methods: Using a random-access automated luminescence immunoassay system, 81 vaginal washing samples collected from third trimester pregnant women (43 from PROM patients, 38 from patients with intact membranes) were analysed for .beta.-hCG, AFP and IL-6 in a semi-emergency setting. The Mann-Whitney U-test was used to test the

difference between the two groups. Receiver operator curve (ROC) analysis was used to evaluate the performance of the three markers and to determine the cutoff value for a positive diagnosis. Results: Vaginal fluid concentrations of the three markers were significantly different ($P < 0.001$) between the two groups. ROC analysis indicated that AFP had a 97.7% diagnostic sensitivity and 100% specificity; the other two markers had lower diagnostic sensitivity and specificity (95.3% and 89.5% for .beta.-hCG and 83.7% and 78.9% for IL-6, respectively). Discussion: This work demonstrates that, of the three markers investigated, AFP has the highest diagnostic sensitivity and specificity. Using the 'stat' function provided by the automated luminescence immunoassay system, the reporting time of the results was less than 1 h. We conclude that vaginal fluid AFP measured by randomaccess automated luminescence immunoassay is an ideal marker for the diagnosis of PROM. The technique could be introduced into the laboratory as a semiemergency service to meet clinical needs.

L15 ANSWER 4 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 2002:34411149 BIOTECHNO
 TITLE: Serial first- and second-trimester Down's syndrome screening tests among IVF- versus naturally-conceived singletons
 AUTHOR: Maymon R.; Shulman A.
 CORPORATE SOURCE: R. Maymon, Dept. of Obstetrics and Gynecology, Assaf Harofe Medical Center, Zerifin, Israel.
 E-mail: intposgr@post.tau.ac.il
 SOURCE: Human Reproduction, (2002), 17/4 (1081-1085), 38 reference(s)
 CODEN: HUREEE ISSN: 0268-1161
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United Kingdom
 LANGUAGE: English
 SUMMARY LANGUAGE: English

AN 2002:34411149 BIOTECHNO

AB Background: It has been reported that second-trimester serum markers may be affected by assisted reproduction, leading to a higher false-positive rate. Methods: A total of 285 naturally and 71 IVF-conceived singletons which underwent a serial disclosure Down's syndrome screening programme were compared. The study protocol included first-trimester combined [nuchal translucency (NT), free .beta.-HCG and pregnancy-associated plasma protein-A (PAPP-A)] testing. The second-trimester triple serum screening included α -fetoprotein (AFP), intact HCG and unconjugated estriol (uE.sub.3). After excluding aneuploidies, miscarriages, anatomical anomalies and cases with incomplete follow-up, the serum samples of normal cases were assessed and correlated. Results: NT measurement was not significantly changed in either group. However, the IVF group had lower PAPP-A [0.96 versus 1.05 multiples of normal median (MoM)] and higher AFP (1.13 versus 1.07 median MoM). Both groups had similar rates of first-trimester false-positive results (FPR; 7 and 9% respectively), but the IVF group had a significantly higher mid-gestation FPR rate (10 versus 5%; Pearson X.sup.2, $P = 0.029$). This has contributed to amniocentesis uptake rates of 15 and 13% for the IVF and natural conception pregnancies respectively. Conclusions: The IVF group tended to have a significantly higher second-trimester FPR rate. To counterbalance this phenomenon, integrated first- and second-trimester screening tests or the use of NT alone might be a reasonable option that deserves further investigation.

L15 ANSWER 5 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 2001:32231617 BIOTECHNO
 TITLE: Predictive value of human chorionic gonadotropin .

beta.-hCG in early pregnancy after assisted conception

AUTHOR: Zayed F.; Ghazawi I.; Francis L.; Alchalabi H.
CORPORATE SOURCE: Prof. F. Zayed, Jordan University of Science/Tech.,
P.O. Box 962106, Amman- 11196, Jordan.
E-mail: fhmzayed@just.edu.jo

SOURCE: Archives of Gynecology and Obstetrics, (2001), 265/1
(7-10), 25 reference(s)
CODEN: AGOBEJ ISSN: 0932-0067

DOCUMENT TYPE: Journal; Article
COUNTRY: Germany, Federal Republic of
LANGUAGE: English
SUMMARY LANGUAGE: English

AN 2001:32231617 BIOTECHNO

AB Objective: This study was designed to evaluate the predictive value of .beta.-hCG levels in predicting the pregnancy outcome.
Methods: A retrospective analysis was done on 423 pregnant patients following assisted conception (stimulated in vitro fertilization [SIVF] and stimulated intra uterine insemination [SIUI]). These were monitored with plasma .beta.-hCG on day +18 post hCG injection.
Ongoing pregnancy was defined as greater than 20 weeks. Results: Four hundred twenty three patients had a positive serum quantitative .beta.-hCG level 18 days post hCG injection. Of these 321 (75.9%) were ongoing pregnancies. The spontaneous miscarriages were 98 (23.2%), and four ectopic pregnancies were recorded. Of the successful pregnancies, 279 were single births, and 42 were multiple births (15.1%), that is either twins (31) or triplets (11). Tables were calculated to help predicting the pregnancy outcome.
Conclusions: It can be shown that +18 levels of .beta.-hCG in cases of assisted conception are useful and provide predictive information concerning pregnancy outcome which should be helpful for the staff and the infertility patients.

L15 ANSWER 6 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN

ACCESSION NUMBER: 2000:30608592 BIOTECHNO

TITLE: Correlation between second trimester maternal serum inhibin-A and human chorionic gonadotrophin for the prediction of pre-eclampsia

AUTHOR: Aquilina J.; Maplethorpe R.; Ellis P.; Harrington K.
CORPORATE SOURCE: K. Harrington, Academic Dept. of Obstet./Gynaecol.,
Homerton Hospital, Homerton Row, London E9 6SR, United Kingdom.
E-mail: kevin.harrington@virgin.net

SOURCE: Placenta, (2000), 21/5-6 (487-492), 30 reference(s)
CODEN: PLACDF ISSN: 0143-4004

DOCUMENT TYPE: Journal; Article
COUNTRY: United Kingdom
LANGUAGE: English
SUMMARY LANGUAGE: English

AN 2000:30608592 BIOTECHNO

AB We aimed to investigate the relationship between inhibin-A and human chorionic gonadotrophin (hCG) concentrations in the second trimester in the same cohort of women and compare their screening efficiency for the subsequent development of pre-eclampsia. The main outcome measures were pre-eclampsia and pre-eclampsia requiring delivery before 37 weeks. We carried out a retrospective examination of inhibin-A and free .beta.-hCG levels taken between 15 and 19 weeks of gestation, from 685 women. The values were corrected for weight and gestation and presented as multiples of the median (MoM). Receiver operator characteristic (ROC) curves for the prediction of pre-eclampsia and pre-eclampsia requiring delivery before 37 weeks were created for

both analytes alone and in combination. Based on this data the sensitivities for the prediction of pre-eclampsia using inhibin-A and hCG, alone and in combination were examined for a specificity of 90 per cent. Thirty-five (5.5 per cent) women developed pre-eclampsia, of whom 15 (2.7 per cent) required delivery before term as a result of pre-eclampsia. There was no correlation between inhibin-A and hCG for the whole population ($r=0.08$) but there was a significant correlation for women who subsequently developed pre-eclampsia ($r=0.648$) or preterm pre-eclampsia ($r=0.84$). For a specificity of 90 per cent the sensitivity using inhibin-A was significantly better than for hCG (48.6 per cent versus 31.4 per cent, $P < 0.05$). The results were similar for preterm pre-eclampsia ($P < 0.05$). The addition of hCG data to inhibin-A data did not improve the sensitivity for pre-eclampsia compared to inhibin-A alone (42.9 per cent versus 48.6 per cent, $P < 0.20$). Inhibin-A is a more sensitive marker for the subsequent development of pre-eclampsia than hCG. Addition of hCG data to inhibin-A did not improve the screening efficacy for pre-eclampsia suggesting that inhibin-A and hCG are markers of the same underlying pathological process. (C) 2000 Harcourt Publishers Ltd.

L15 ANSWER 7 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 2000:30045637 BIOTECHNO
 TITLE: Serum insulin-like growth factor binding protein-1 at
 16 weeks and subsequent preeclampsia
 AUTHOR: Hietala R.; Pohja-Nylander P.; Rutanen E.M.;
 Laatikainen T.
 CORPORATE SOURCE: Dr. T. Laatikainen, Helsinki City Maternity Hospital,
 Sofianlehdonkatu 5A, 00610 Helsinki, Finland.
 SOURCE: Obstetrics and Gynecology, (2000), 95/2 (185-189), 27
 reference(s)
 CODEN: OBGNAS ISSN: 0029-7844
 PUBLISHER ITEM IDENT.: S0029784499004895
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United States
 LANGUAGE: English
 SUMMARY LANGUAGE: English

AN 2000:30045637 BIOTECHNO

AB Objective: To determine whether serum concentrations of insulin-like growth factor-binding protein-1 (IGFBP-1), a major decidual protein, at 16 weeks' gestation differ between women who later develop pregnancy-related hypertension and normotensive women. Methods: Concentrations of IGFBP-1 were measured using immunoenzymometric assay in serum samples collected for alpha-fetoprotein (AFP) and free β subunit of hCG (free .beta.-hCG) determinations in a Down syndrome screening program at 16 weeks' gestation in a population-based cohort of 1049 nulliparous women. After exclusion of subjects with multiple pregnancies, insulin-dependent diabetes, major fetal malformations, and incomplete data, 917 subjects remained eligible. Results: The mean levels (\pm standard deviation) of IGFBP-1 were significantly lower in 34 women who later developed preeclampsia ($73 \pm 43 \mu\text{g/L}$, $P < .01$) and in 80 women with White A diabetes ($84.7 \pm 53 \mu\text{g/L}$, $P < .01$) compared with controls ($103 \pm 58 \mu\text{g/L}$). In seven women with White A diabetes and subsequent preeclampsia IGFBP-1 levels were especially low ($41 \pm 34 \mu\text{g/L}$). The concentrations of AFP and free .beta.-hCG in the subgroups with hypertensive disorders were not significantly different from those of normotensive women. Conclusion: Decreased IGFBP-1 levels at 16 weeks' gestation in women who develop preeclampsia might indicate impaired decidual function. Hyperinsulinemia, a known risk factor for preeclampsia, might contribute to decreased concentrations of serum IGFBP-1. However, due to low sensitivity, assay

of serum IGFBP-1 was not clinically valuable for predicting preeclampsia. Copyright (C) 2000 The American College of Obstetricians and Gynecologists.

L15 ANSWER 8 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
ACCESSION NUMBER: 2000:30045290 BIOTECHNO
TITLE: Obesity is a risk factor for early pregnancy loss after IVF or ICSI
AUTHOR: Fedorosak P.; Storeng R.; Dale P.O.; Tanbo T.; Abyholm T.
CORPORATE SOURCE: Dr. R. Storeng, Department Obstetrics and Gynecology, IVF Unit, National Hospital, Oslo 0027, Norway.
SOURCE: Acta Obstetricia et Gynecologica Scandinavica, (2000), 79/1 (43-48), 33 reference(s)
CODEN: AOGSAE ISSN: 0001-6349
DOCUMENT TYPE: Journal; Article
COUNTRY: Denmark
LANGUAGE: English
SUMMARY LANGUAGE: English

AN 2000:30045290 BIOTECHNO

AB Background. Experience with polycystic ovary syndrome shows that insulin resistance is related to early pregnancy loss. This association was examined by comparing pregnancy outcome in obese and lean women. Methods. A cohort of 383 patients conceiving after in vitro fertilization (IVF) or intracytoplasmic sperm injection (ICSI) was studied. Ovarian stimulation was achieved by GnRHa and FSH or hMG (n = 362), by FSH or hMG alone (n = 16), or by clomiphene citrate and FSH or hMG (n = 5). Luteal phase was supported with progesterone. Pregnancies were defined by > 10 IU/l plasma .beta.-hCG on day 14. Ultrasound scan on week 6 and week 12 confirmed fetal viability. Results. Lean group (body mass index [BMI] < 25 kg/m.sup.2, n = 304) and obese group (BMI >= 25 kg/m.sup.2; n = 79) were established. Obese patients had fewer oocytes collected (median: 8 vs 10 p = 0.03), they had higher abortion rate during the first 6 weeks (22% vs 12%; p = 0.03) and lower live-birth rate (63% vs 75%; p = 0.04). The relative risk of abortion before week 6 was 1.77 (95% CI: 1.05 to 2.97). Multivariate logistic regression analysis revealed that obesity and low oocyte count were independently associated with spontaneous abortion. In the obese group, low oocyte number was associated with a more profound increase in the risk of abortion than among lean patients. The effect of age, history of past pregnancies, or infertility diagnosis on the probability of miscarriage were not significant. Conclusions. Obesity is an independent risk factor for early pregnancy loss. This risk is, in part, related to the lower number of collected oocytes in obese women.

L15 ANSWER 9 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
ACCESSION NUMBER: 1999:29539541 BIOTECHNO
TITLE: Early pregnancy losses in in vitro fertilization and oocyte donation
AUTHOR: Simon C.; Landeras J.; Zuzuarregui J.L.; Martin J.C.; Remohi J.; Pellicer A.
CORPORATE SOURCE: Dr. C. Simon, Instituto Valenciano de Infertilidad, Guardia Civil, 23, 46020 Valencia, Spain.
E-mail: csimon@interbook.net
SOURCE: Fertility and Sterility, (1999), 72/6 (1061-1065), 19 reference(s)
CODEN: FESTAS ISSN: 0015-0282
PUBLISHER ITEM IDENT.: S0015028299004082
DOCUMENT TYPE: Journal; Article
COUNTRY: United States
LANGUAGE: English

SUMMARY LANGUAGE: English

AN 1999:29539541 BIOTECHNO

AB Objective: To evaluate prospectively the incidence of early pregnancy losses (before menstruation occurs) in IVF and ovum donation cycles. Design: Prospective case-control study. Setting: Tertiary care, university-associated center. Patient(s): One hundred forty-five patients undergoing IVF and 92 undergoing oocyte donation were recruited. The control group for IVF consisted of 15 ovum donors who had no ET and were instructed to avoid intercourse. The control group for oocyte donation included 10 women undergoing a mock cycle of steroid replacement. Intervention(s): Starting on day 6 after ET, the women were instructed to collect the first urine sample of the day every 2 days. Each patient collected six different specimens of urine (days 6, 8, 10, 12, 14, and 16 after ET for cases or the same days without ET for controls. Main Outcome Measure(s): .beta.-HCG was measured with a standardized microparticle enzyme immunoassay, and IVF reproductive outcome was assessed. Result(s): For IVF, positive implantation was registered in 88 of 145 cycles of embryo replacement (60.7%). Only 30 (20.7%) resulted in viable pregnancies, whereas the remaining 58 miscarried. Forty-two of these miscarriages (72.4%) were early pregnancy losses and 13 (22.4%) were classified as clinical abortions. In ovum donation, positive implantation was recorded in 64 of 92 cycles of ET (69.6%). A total of 30 (32.6%) ended in viable pregnancies, whereas the remaining 34 (37.0%) were miscarriages. Early pregnancy loss accounted for 70.6% of pregnancy losses, whereas biochemical pregnancies and clinical abortions accounted for 11.8% and 17.6%, respectively. Conclusion(s): Our results demonstrate that patients undergoing assisted reproductive technology have an increased rate of early pregnancy loss compared with fertile patients. In addition, these data indicate that implantation is more frequently impaired in IVF than in oocyte donation cycles, resulting in a high incidence of early pregnancy loss. This suggests that implantation may be subjected to abnormal conditions in assisted reproduction.

L15 ANSWER 10 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1999:29505445 BIOTECHNO

TITLE: Use of Crinone vaginal progesterone gel for luteal support in in vitro fertilization cycles

AUTHOR: Chantilis S.J.; Zeitoun K.M.; Patel S.I.; Johns D.A.; Madziar V.A.; McIntire D.D.

CORPORATE SOURCE: Dr. S.J. Chantilis, 8160 Walnut Hill Lane, Dallas, TX 75231, United States.

SOURCE: Fertility and Sterility, (1999), 72/5 (823-829), 9 reference(s)

CODEN: FESTAS ISSN: 0015-0282

PUBLISHER ITEM IDENT.: S0015028299003623

DOCUMENT TYPE: Journal; Article

COUNTRY: United States

LANGUAGE: English

SUMMARY LANGUAGE: English

AN 1999:29505445 BIOTECHNO

AB Objective: To investigate the efficacy and safety of intravaginal Crinone 8% (Columbia Research Laboratories, Miami, FL) versus IM progesterone for luteal phase support after IVF-ET. Design: Prospective open trial with comparison to historical controls. Setting: University hospital. Patient(s): Two hundred six women undergoing IVF-ET. Intervention(s): One hundred patients received Crinone vaginal progesterone gel (90 mg once daily) and 106 patients received IM progesterone (50 mg once daily) beginning on the evening of oocyte retrieval. Main Outcome Measure(s): Pregnancy and miscarriage rates, and midluteal serum progesterone levels. Result(s): Positive .beta.-hCG

pregnancy rates, clinical pregnancy rates per transfer, and ongoing pregnancy rates were similar for the Crinone and IM progesterone groups. Women who received Crinone had higher rates of biochemical pregnancy loss but lower rates of clinical pregnancy loss (i.e., spontaneous abortion) than women who received IM progesterone. Midluteal serum progesterone concentrations were significantly higher in the IM progesterone group (94.3 ± 8.8 ng/mL versus 57.7 ± 7.4 ng/mL). Several women who received Crinone had vaginal bleeding 11-13 days after oocyte retrieval. Conclusion(s): For all age categories, positive .beta.-hCG and ongoing pregnancy rates were similar when Crinone or IM progesterone was given for luteal phase support in IVF-ET cycles, despite lower serum progesterone concentrations and higher rates of biochemical pregnancy loss with Crinone. Although the results of this study support the use of Crinone as an acceptable alternative for luteal support after IVF-ET, differences in bleeding patterns and rates of biochemical pregnancy loss demonstrate the need for a prospective randomized study.

L15 ANSWER 11 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1999:29380582 BIOTECHNO

TITLE: Plasminogen activator inhibitor-2 levels in normal first trimester pregnancy and in ectopic pregnancy

AUTHOR: Kowalczyk C.L.; Saleh A.A.; Leach R.E.; Doty A.; Yelian F.D.; Mammen E.F.

CORPORATE SOURCE: Dr. C.L. Kowalczyk, Reprod. Endocrinol./Infertil. Dept., Hutzel Hospital, Wayne State University, 4707 St. Antoine, Detroit, MI 48201, United States.

SOURCE: Journal of Gynecologic Techniques, (1999), 5/2 (83-85), 5 reference(s)

CODEN: JGTEFH ISSN: 1069-2673

DOCUMENT TYPE: Journal; Article

COUNTRY: United States

LANGUAGE: English

SUMMARY LANGUAGE: English

AN 1999:29380582 BIOTECHNO

AB Objective: Plasminogen activator inhibitor-2 (PAI-2), a product of the syncytiotrophoblast, increases progressively during normal pregnancy. Low levels of PAI-2 have been reported in preeclampsia, a condition associated with abnormal placentation. However, the correlation between PAI-2 levels and gestational age in the first trimester have not been established. Furthermore, there are no available reports on the levels of PAI-2 in ectopic pregnancy and gestational age comparable to normal pregnant controls. The aim of this study was to determine the first trimester PAI-2 levels in normal versus gestational age-matched ectopic pregnancy. Methods: Thirty-two normal and 28 unruptured ectopic pregnancies of comparable gestational ages (defined by last menstrual period) were included. Plasma PAI-2 antigen and serum .beta.-hCG were measured by enzyme linked immunoassay (ELISA). Regression analysis, the Mann-Whitney U test, and discriminant function analysis were used for statistical analysis with $P < .05$ being considered significant. Results: PAI-2 levels showed a positive correlation with gestational age in the control group ($r = .56$, $P < .005$). Controls had significantly higher PAI-2 levels than those with ectopic pregnancy ($P < .03$). When stepwise discriminant analysis was used (ectopic was considered an outcome variable), only PAI-2 was predictive of mid- to late-first trimester ectopic pregnancy ($P < .005$). Conclusion: 1) PAI-2 levels increase in the first trimester. 2) Ectopic pregnancy is associated with lower PAI-2 levels, possibly due to abnormal placentation. 3) PAI-2, in combination with other serum markers, may possibly be useful as a screen for ectopic pregnancies.

L15 ANSWER 12 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1998:28375682 BIOTECHNO
 TITLE: The first 2 case reports of frozen embryo donation twin pregnancies in Singapore: Hormonal profiles and obstetrical outcome
 AUTHOR: Chan C.L.K.; Kumar J.; Yong E.L.; Fong C.Y.; Bongso A.; Ng S.C.
 CORPORATE SOURCE: Dr. C.L.K. Chan, Department of Obstetrics Gynaecology, National University of Singapore, 5 Lower Kent Ridge Road, Singapore 119074, Singapore.
 SOURCE: Journal of Obstetrics and Gynaecology Research, (1998), 24/3 (203-209), 15 reference(s)
 CODEN: JOGRFD ISSN: 1341-8076
 DOCUMENT TYPE: Journal; Article
 COUNTRY: Japan
 LANGUAGE: English
 SUMMARY LANGUAGE: English

AN 1998:28375682 BIOTECHNO

AB A 35-year-old woman with premature ovarian failure and another 30-year-old woman with gonadal dysgenesis were the recipients of donated supernumerous frozen embryos after successfully prepared with cyclic steroid replacement therapy as described previously. One patient received 4 and the second 2 frozen embryos, transferred transcervically on the 3rd day of progesterone administration. Both patients had viable twin pregnancies. The plasma .beta.hCG levels for both patients at 2 weeks post replacement (4 weeks gestation) were lower than the median values in our normal, uncomplicated singleton pregnancy for the same gestation. The levels after 4 weeks post-replacement (6 weeks gestation) became comparable. Plasma progesterone profiles suggested a level of above 70 ng/ml would be enough to support the twin pregnancies. The first patient developed antepartum haemorrhage of unknown origin at 34 weeks of gestation preceding preterm premature rupture of membranes and subsequently had preterm labour. The second patient developed proteinuric hypertension at 33 weeks of gestation. Both ended in a lower segment cesarean section. Both sets of twins and their mothers were discharged well.

L15 ANSWER 13 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1998:28185026 BIOTECHNO
 TITLE: Measurement of .beta.-hCG in cul-de-sac fluid vs. serum in the rapid detection of ectopic pregnancy
 AUTHOR: Bosteels J.; Delattin P.; Van Boxelaer J.P.; De Bruyn M.; Moerman J.; De Vos P.; Vermeylen P.
 CORPORATE SOURCE: J. Bosteels, Imelda Hospital, Imeldalaan 9, B-2820 Bonheiden, Belgium.
 SOURCE: Gynaecological Endoscopy, (1998), 7/1 (9-12), 12 reference(s)
 CODEN: GYNEEB ISSN: 0962-1091
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United Kingdom
 LANGUAGE: English
 SUMMARY LANGUAGE: English

AN 1998:28185026 BIOTECHNO

AB Objective. This study was designed to assess the value of measuring the cul-de-sac fluid to serum .beta.-hCG ratio as a rapid test for the detection of ectopic pregnancy. Main outcome measure. The parameter chosen was the level of the .beta.-hCG in cul-de-sac fluid vs. that in serum (D/S ratio). Design. This prospective controlled hospital-based study included 53 patients. The control group was 25 patients, who were being treated with in vitro fertilization. Group A comprised 15 patients who had had an intrauterine

miscarriage, histologically proven after suction curettage. Group B included 13 patients treated by laparoscopy for a histologically proven ectopic pregnancy. In each group .beta.-hCG was measured in both serum and cul-de-sac fluid and the appropriate D/S ratio was calculated. Results. In the control group the mean D/S ratio was 0.49 (SEM = 0.03). The mean D/S ratio in group A was 0.78 (SEM = 0.14). In group B the mean D/S ratio was 8.47 (SEM = 2.53). The differences in D/S ratio between the control group and group A were statistically significant (P < 0.05). The differences in D/S ratio between the control group and group B were statistically highly significant (P < 0.00001). Of more interest is the fact that the difference in the D/S ratio between group A and group B was also statistically highly significant (P < 0.0005). Conclusion. The D/S ratio for .beta.-hCG can be used as a rapid and reliable biochemical test to distinguish between eutopic and ectopic implantation in the pathological pregnancy.

L15 ANSWER 14 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1997:27143881 BIOTECHNO
 TITLE: Expression of G proteins in human placentas from pregnancies complicated by gestational hypertension
 AUTHOR: Petit A.; Geoffroy P.; Belisle S.
 CORPORATE SOURCE: A. Petit, Department of Obstetrics/Gynecology, University of Montreal, Research Center, 3175 Cote Ste-Catherine, Montreal, Que. H3T 1C5, Canada.
 SOURCE: Life Sciences, (1997), 60/12 (953-960), 29
 reference(s)
 CODEN: LIFSAK ISSN: 0024-3205
 PUBLISHER ITEM IDENT.: S0024320596006546
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United States
 LANGUAGE: English
 SUMMARY LANGUAGE: English
 AN 1997:27143881 BIOTECHNO
 AB Preeclampsia (gestational hypertension) is accompanied by decreased hPL and increased hCG levels in maternal serum. The expression of these peptides as well as the endocrine mechanisms responsible for their regulation in preeclampsia are unknown. We have demonstrated that regulatory GTP-binding proteins (G proteins) are implicated in the modulation of hPL production by placentas from normal pregnancies. In order to extend our knowledge on placental endocrinology, we analyzed in this study the expression of hPL and .beta.-hCG mRNAs as well as placental G protein α -subunits in pregnancies complicated by gestational hypertension. Western and Northern blot analyses were respectively performed on membrane protein and total mRNA preparations from human placentas of preeclamptic (n = 7) and normal pregnancies (n = 4). The levels of hPL and .beta.-hCG mRNAs were respectively 108% and 105% of those from normal placentas, suggesting that the altered circulating levels of hPL and .beta.-hCG are not related to dysfunctional mRNA expression of these peptides. The autoradiographs for G proteins and their mRNAs showed no difference in G protein expression between preeclamptic and normal tissues. Specifically, Gai2, Gai3, Gao, Gas, and Gq/11 levels reached 87%, 81%, 91%, 99%, and 103% respectively of those from normal placentas. In parallel with the protein levels, their mRNAs expression were respectively 93%, 89%, 113%, 104%, and 94% of normal values for Gai2, Gai3, Gao, Gas, and Gq/11. These results suggest that neither a change in hPL and .beta.-hCG expression nor a change in signal transduction machinery is implicated in the altered circulating levels of hPL and .beta.-hCG in preeclampsia.

L15 ANSWER 15 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1997:27510123 BIOTECHNO
TITLE: Elevated serum nicked and urinary beta-core fragment hCG in preeclamptic pregnancies
AUTHOR: Lee I.-S.; Chung D.Y.K.; Cole L.A.; Copel J.A.; Isozaki T.; Hsu C.-D.
CORPORATE SOURCE: Dr. C.-D. Hsu, Division of Maternal-Fetal Medicine, Dept. of Obstetrics and Gynecology, Yale University School of Medicine, 333 Cedar Street, New Haven, CT 06520-8263, United States.
SOURCE: Obstetrics and Gynecology, (1997), 90/6 (889-892), 17 reference(s)
CODEN: OBGNAS ISSN: 0029-7844
PUBLISHER ITEM IDENT.: S0029784497005413
DOCUMENT TYPE: Journal; Article
COUNTRY: United States
LANGUAGE: English
SUMMARY LANGUAGE: English

AN 1997:27510123 BIOTECHNO

AB Objective: To determine whether different molecular forms of hCG in serum and urine are elevated in preeclamptic pregnancies. Methods: Forty- three pregnant women were studied: 25 preeclamptic women and 18 normotensive women. Immediately after blood and urine samples were collected, the protease inhibitors leupeptin (0.35 mM) and phenanthroline (22 mM) were added. Various molecular forms of hCG in serum (complete hCG, nonnicked hCG, complete free beta hCG) and in urine (complete hCG, beta-core fragment hCG) were measured by matched immunoassays with a common enzyme-labeled tracer antibody. The nicked hCG assay used a coating of beta-subunit monoclonal antibody with the addition of scavenger antibody to remove nonnicked hCG. Mann-Whitney U test and χ^2 test were used for statistical analyses. Results: Preeclamptic women had significantly higher median (range) levels of serum complete and nicked hCG than did normotensive women (3620 \pm 850-12,000! versus 2420 \pm 310-4850! ng/mL, P = .024; and 102 \pm 45-275! versus 71 \pm 11-143! ng/mL, P = .010, respectively). Both median (range) urinary complete hCG-creatinine and beta- core fragment-creatinine ratios were significantly higher in preeclamptic women than in normotensive women (37.6 \pm 0.5-185! versus 11.3 \pm 1.9-54!, P = .013; and 11.8 \pm 2-67! versus 5.3 \pm 0.3-29!, P = .009, respectively). Conclusion: Various molecular forms of hCG in serum and urine were significantly higher in preeclamptic than in normotensive pregnancies.

L15 ANSWER 16 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1996:26142193 BIOTECHNO
TITLE: The role of a single free β -human chorionic gonadotrophin measurement in the diagnosis of early pregnancy failure and the prognosis of fetal viability
AUTHOR: Al-Sebai M.A.H.; Diver M.; Hipkin L.J.
CORPORATE SOURCE: Univ. Department Clinical Chemistry, Duncan Building, Royal Liverpool University Hospital, Prescott Street, Liverpool L69 3BX, United Kingdom.
SOURCE: Human Reproduction, (1996), 11/4 (881-888)
CODEN: HUREEE ISSN: 0268-1161
DOCUMENT TYPE: Journal; Article
COUNTRY: United Kingdom
LANGUAGE: English
SUMMARY LANGUAGE: English

AN 1996:26142193 BIOTECHNO

AB This prospective controlled study investigated the concentrations of free β -human chorionic gonadotrophin (HCG) subunit in 554 women with a

singleton intrauterine or tubal pregnancy. They presented with vaginal bleeding and/or abdominal pain in the first 18 weeks of pregnancy. The control group comprised 156 women with musculoskeletal pain and no vaginal bleeding. Their pregnancies continued to term. The study group comprised 398 women (141 threatened-continuing pregnancies, 37 threatened miscarriages, 185 non-continuing pregnancies and 35 tubal pregnancies). Free .beta.-HCG concentrations were significantly lower in the non-continuing, threatened-miscarriage and tubal pregnancy groups (mean 4.62, 6.50 and 4.27 ng/ml respectively; 95% confidence interval (CI) 3.75-5.69, 4.46-9.48 and 2.92-6.2 respectively) than in the control and threatened-continuing groups (mean 41.61 and 48.22 ng/ml respectively; 95% CI 34.53-50.13 and 42.03-55.32 respectively) ($P < 0.001$ in all cases). A cut-off value at 20 ng/ml was found to differentiate between the 'viable' (control and threatened-continuing) and the 'abnormal' (non-continuing, threatened-miscarriage and tubal) pregnancies, with 88.3% sensitivity and 82.6% positive predictive value. An excellent diagnostic and prognostic usability of free .beta.HCG was confirmed by a receiver operating characteristic curve plot. In conclusion, a single serum free .beta.-HCG measurement taken in early pregnancy is valuable in the immediate diagnosis of early pregnancy failure and the long-term prognosis of viability.

L15 ANSWER 17 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1996:26405910 BIOTECHNO
 TITLE: The predictive value of an initial serum β human chorionic gonadotropin level for pregnancy outcome following in vitro fertilization
 AUTHOR: Qasim S.M.; Callan C.; Choe J.K.
 CORPORATE SOURCE: West Essex Ctr. for ARE, 741 Northfield Avenue, West Orange, NJ 07052, United States.
 SOURCE: Journal of Assisted Reproduction and Genetics, (1996), 13/9 (705-708)
 CODEN: JARGE4 ISSN: 1058-0468
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United States
 LANGUAGE: English
 SUMMARY LANGUAGE: English
 AN 1996:26405910 BIOTECHNO
 AB Purpose: Our purpose was to assess the predictive value for pregnancy outcome of an initial serum quantitative .beta.-hCG measurement obtained 11 or 12 days after embryo transfer in an in vitro fertilization program. Methods: A prospective, descriptive study of 153 pregnancies achieved via in vitro fertilization-embryo transfer was performed. Initial .beta.-hCG levels and subsequent pregnancy outcomes were compared. Results: The overall mean initial .beta.-hCG level was 91 ± 85.8 mIU/ml for normal (singleton, multiple- gestation) pregnancies and 29 ± 24.9 mIU/ml for abnormal (miscarriage, ectopic) pregnancies ($P < 0.01$; power, $>80\%$). While 93.9% of patients with initial .beta.-hCG levels ≤ 42 mIU/ml had normal pregnancies, 56.4% of those with initial levels <42 mIU/ml experienced abnormal outcomes. With 42 mIU/ml as the cutoff level for predicting a normal pregnancy, this screening test yielded a sensitivity of 79.3% and a specificity of 83.8%. Conclusions: Initial serum .beta.-hCG levels obtained 11 or 12 days after embryo transfer may be predictive of pregnancy outcome in an in vitro fertilization program.

L15 ANSWER 18 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1996:26089902 BIOTECHNO
 TITLE: Transvaginal intratubal methotrexate treatment of

AUTHOR: ectopic pregnancy, Report of 100 cases
 Darai E.; Benifla J.L.; Naouri M.; Pennehouat G.;
 Guglielmina J.N.; Deval B.; Filippini F.; Crequat J.;
 Madelenat P.
 CORPORATE SOURCE: Department Obstetrics Gynaecology, Hopital Bichat, 170
 bd Ney, 75018 Paris, France.
 SOURCE: Human Reproduction, (1996), 11/2 (420-424)
 CODEN: HUREEE ISSN: 0268-1161
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United Kingdom
 LANGUAGE: English
 SUMMARY LANGUAGE: English

AN 1996:26089902 BIOTECHNO

AB Between November 1988 and December 1993, 100 patients with a common,
 unruptured ectopic pregnancy were treated with 1 mg/kg injection of
 intratubal methotrexate under transvaginal sonographic control. Patients
 were not excluded from this series on the basis of the size of the
 adnexal mass, the term of ectopic pregnancy or initial β -human
 chorionic gonadotrophin (HCG) concentrations. Patients were excluded
 following uncertain diagnosis, signs of a ruptured ectopic pregnancy, or
 a significant haemoperitoneum on ultrasound scans. The mean age of the
 patients was 29.5 years (range 20-41). The mean gestational age and
 initial HCG concentration were 7.5 weeks (5-11) and 11614 mIU/ml (192-105
 000 respectively). Of the 100 patients, 22 (22%) had an ectopic pregnancy
 with active cardiac activity. Complete resolution was obtained in 78 out
 of these 100 ectopic pregnancies. Of these, 66 patients (85%) needed only
 one intratubal methotrexate injection, and 12 patients (15%) required a
 second i.m. methotrexate injection of 1 mg/kg. In this study, local
 treatment with one single intratubal methotrexate injection was
 successful in only 66% of patients. The mean resolution time for
 reduction of β -HCG concentrations was 23.5 days
 (range 7-40). There was no statistically significant correlation between
 initial β -HCG concentrations and outcomes after
 methotrexate treatment of ectopic pregnancy in our study. Where embryonal
 heart beats were observed, the success rate of the procedure was 40.9%
 (nine out of 22 cases). In the absence of cardiac activity, or when
 ultrasound examination showed no embryo, the success rate achieved was
 84.6% (66 out of 78 cases) ($P < 0.01$). In all, 34 patients were
 considered to be incompletely cured after only one intratubal
 methotrexate injection: 12 patients required a second i.m. injection, a
 stagnation of β -HCG concentrations was observed
 in 15 patients, abdominal pain occurred in six patients, and one patient
 suffered tubal rupture with haemoperitoneum. A total of 22 patients
 required secondary surgical management (salpingectomy). No biochemical or
 clinical side-effects of methotrexate treatment occurred. Tubal
 alteration ascribable to methotrexate injection occurred in one patient
 in our study. Out of 75 patients in this series who wished to conceive,
 21 (28%) became pregnant within 1 year with the following outcomes: 11
 pregnancies at term, three miscarriages, one induced abortion
 and six recurrent ectopic pregnancies (four occurred on the same side).
 Our findings suggest that treatment of common unruptured ectopic
 pregnancy without prior selection of patients, by a single intratubal
 methotrexate administration was associated with a 66% success rate. This
 was dependent only on the presence of embryonal heart beats and there was
 no correlation between the success rate and initial β -
 HCG concentrations. Successful outcome after methotrexate
 administration for ectopic pregnancy could be perfected by way of an
 improved selection of patients based on inactive embryonal hearts and
 absence of a visualized embryo.

ACCESSION NUMBER: 1995:25258503 BIOTECHNO
 TITLE: Effect of aging on the female reproductive system: Evidence for a role of uterine senescence in the decline in female fecundity
 AUTHOR: Cano F.; Simon C.; Remohi J.; Pellicer A.
 CORPORATE SOURCE: Inst. Valenciano de Infertilidad, Guardia Civil 23, Valencia 46020, Spain.
 SOURCE: Fertility and Sterility, (1995), 64/3 (584-589)
 CODEN: FESTAS ISSN: 0015-0282
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United States
 LANGUAGE: English
 SUMMARY LANGUAGE: English
 AN 1995:25258503 BIOTECHNO
 AB Objective: To determine the effects of age on reproductive performance of women using oocyte donation as an in vivo model. Setting: Oocyte donation and IVF programs at the Instituto Valenciano de Infertilidad. Patients: Seventy- six women undergoing 90 cycles of ovum donation, who were recipients of 36 donors undergoing IVF, and 9 fertile women. Design: Prospective longitudinal study: ¢1! recipients underwent an artificial cycle to demonstrate adequate response of the endometrium to exogenous steroids; ¢2! oocytes from the same cohort of follicles were distributed randomly into recipients younger and older than 40 years; and ¢3! pregnancies were followed during the first trimester. Main Outcome Measures: Endometrial histology, fertilization, embryo quality, pregnancy, implantation, and abortion rates in both groups of recipients. Serum E.sub.2, P and .beta.-hCG levels during initial pregnancy. Results: Similar implantation rates but significantly higher abortion rates were detected in women >40 years despite an appropriate action of P on the endometrium and the transfer of embryos in similar number and quality. The secretion of E.sub.2 and P by the placenta started earlier in pregnancies included in the group <40 years. Conclusions: Age increases pregnancy losses in ovum donation patients after implantation is completed. This is accompanied by a retardation of steroid synthesis and suggests that the mechanism(s) responsible for placenta formation and functioning in the uterus is affected by age. Thus, uterine aging also is a factor influencing the poor reproductive performance of women with advancing age.

L15 ANSWER 20 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1995:25040506 BIOTECHNO
 TITLE: Transcriptional regulation of cell line-dependent, baculovirus-mediated expression of foreign genes
 AUTHOR: Mukherjee B.; Burma S.; Talwar G.P.; Hasnain S.E.
 CORPORATE SOURCE: Eukaryotic Gene Expression Lab., National Institute of Immunology, New Delhi 110067, India.
 SOURCE: DNA and Cell Biology, (1995), 14/1 (7-14)
 CODEN: DCEBE8 ISSN: 1044-5498
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United States
 LANGUAGE: English
 SUMMARY LANGUAGE: English
 AN 1995:25040506 BIOTECHNO
 AB Cell line-dependent expression of foreign genes in the baculovirus system was investigated using a recombinant vAc.beta.hCG-luc virus carrying two reporter genes- β subunit of human chorionic gonadotropin (.beta.hCG) and luciferase (luc)-placed under the transcriptional control of the Autographa californica nuclear polyhedrosis virus (AcNPV) polyhedrin gene promoters. Five different lepidopteran cell lines derived from Spodoptera frugiperda (Sf21 and

Sf9), *Bombyx mori* (BmN and Bm5), and *Trichoplusia ni* (TN368) were used as host cells. TN368 expressed both .beta.hCG and LUC to maximum levels, followed by BraN, Sf21 and Sf9 in descending order. Bm5 did not show any evidence of synthesis of the two proteins. Dot blot analysis of DNA from the vAc.beta.hCG- luc-infected cells revealed that the level of entry of viral DNA was the same for all the five cell lines. After the completion of viral DNA replication (18 hr post infection), the level of viral DNA was the same for all the cell lines except for Bm5 where viral DNA replication did not take place and the residual virus was cleared from the cells. Analysis of RNA from the four expressing cell lines revealed a direct correlation between protein levels and levels of mRNA, suggesting transcriptional control. Differences in mRNA stability between cell lines was also evident. Gel retardation analysis of a host factor binding to transcriptionally important sequence motifs within the AcNPV polyhedrin gene promoter revealed an inverse correlation between the levels of this polyhedrin promoter-binding protein (PPBP) and reporter gene expression. Cold competition and mutation analyses of the DNA-protein complexes indicated that PPBP present in different cell lines recognized the same DNA sequence motifs present within the polyhedrin promoter.

L15 ANSWER 21 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1993:23139026 BIOTECHNO

TITLE: Persistence of gestational trophoblastic disease for longer than 1 year following evacuation of hydatidiform mole

AUTHOR: Elmer D.B.; Granai C.O.; Ball H.G.; Curry S.L.

CORPORATE SOURCE: 60 Park Street, Hyannis, MA 02601, United States.

SOURCE: Obstetrics and Gynecology, (1993), 81/5 II SUPPL. (888-890)

CODEN: OBGNAS ISSN: 0029-7844

DOCUMENT TYPE: Journal; Article

COUNTRY: United States

LANGUAGE: English

SUMMARY LANGUAGE: English

AN 1993:23139026 BIOTECHNO

AB Background: A spontaneous fall in the radioimmunoassay for the beta subunit of hCG to less than 2 mIU/mL documents regression of hydatidiform mole following evacuation of a molar pregnancy. Continued negative hCG levels for the year after evacuation indicates the absence of risk for persistent gestational trophoblastic disease. This report describes an unusual case of recurrent nonmetastatic gestational trophoblastic disease 16 months after initial evacuation. Case: A 29-year-old woman presented at 19 weeks' gestation with severe preeclampsia and vaginal bleeding. Pelvic ultrasonography demonstrated a molar pregnancy. Pathology following uterine evacuation confirmed a hydatidiform mole. Serial hCG levels fell progressively to less than 2 mIU/mL over the following 25 weeks. She remained compliant with oral contraceptive pills despite having no sexual activity. Sixteen months after uterine evacuation, recurrence of gestational trophoblastic disease was documented by a rising .beta.-hCG, negative pelvic ultrasound, normal liver function tests, and normal computed tomography of the head. Endometrial curettage showed no chorionic villi or molar tissue. She was treated with five courses of actinomycin D and has remained disease-free for the following 5 years. Conclusion: This late recurrence of gestational trophoblastic disease suggests that those with a molar pregnancy may benefit from surveillance beyond 1 year after uterine evacuation.

L15 ANSWER 22 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1993:23104169 BIOTECHNO

TITLE: Age and follicular phase estradiol are better predictors of pregnancy outcome than luteinizing hormone in menotropin ovulation induction for anovulatory polycystic ovarian syndrome

AUTHOR: McClure N.; McDonald J.; Kovacs G.T.; Healy D.L.; McCloud P.I.; McQuinn B.; Burger H.G.

CORPORATE SOURCE: Monash Medical Centre, Prince Henry's Inst. of Medical Res., 246 Clayton Road, Clayton, Vic. 3168, Australia.

SOURCE: Fertility and Sterility, (1993), 59/4 (729-733)
CODEN: FESTAS ISSN: 0015-0282

DOCUMENT TYPE: Journal; Article

COUNTRY: United States

LANGUAGE: English

SUMMARY LANGUAGE: English

AN 1993:23104169 BIOTECHNO

AB Objective: To examine the relationship of baseline and preovulatory serum E.sub.2, P, and LH levels and age with pregnancy outcome in polycystic ovarian syndrome (PCOS) patients undergoing hMG ovulation induction. Design: Retrospective analysis of all available data over 2 years. Setting: Tertiary referral ovulation induction clinic. Subjects: Forty-four anovulatory PCOS patients with 25 ovulatory nonconception and 50 conception cycles after hMG ovulation induction. Main Outcome Measures: Ovulation (midluteal serum P > 25 nmol/L \pm 7.86 ng/mL!); pregnancy (serum .beta.-hCG > 30 mIU/mL 16 days after ovulating injection); pregnancy outcome: pregnancy termination < 20 weeks' or \geq 20 weeks' amenorrhea. Results: Of the endocrine parameters considered, none was significantly different in nonconceptive and conceptive ovulatory cycles. Miscarriage was associated with low basal serum E.sub.2: median value for pregnancies ending < 20 weeks, 105 pmol/L (28.6 pg/mL) for \geq 20 weeks 150 pmol/L (40.9 pg/mL). It was also significantly associated with age. For patients > 29.5 years of age, (29.5 years, population mean age) a baseline E.sub.2 \leq 140 pmol/L (38.2 pg/mL) had sensitivity 92%, specificity 54%, positive predictive value 65%, and negative predictive value 87% for the prediction of miscarriage. The nature of the previous cycle, the day of the cycle on which therapy commenced, and a past history of miscarriage were not related either to pregnancy outcome or to basal serum E.sub.2.

L15 ANSWER 23 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
ACCESSION NUMBER: 1992:22346051 BIOTECHNO

TITLE: Absence of autoantibodies to human chorionic gonadotropin in women with a history of habitual abortion

AUTHOR: Tulppala M.; Alfthan H.; Stenman U.-H.; Ylikorkala O.

CORPORATE SOURCE: Dept. II of Obstetrics/Gynecology, Univ. Central Hospital of Helsinki, Haartmaninkatu 2, SF 00290 Helsinki, Finland.

SOURCE: Fertility and Sterility, (1992), 58/5 (946-949)
CODEN: FESTAS ISSN: 0015-0282

DOCUMENT TYPE: Journal; Article

COUNTRY: United States

LANGUAGE: English

SUMMARY LANGUAGE: English

AN 1992:22346051 BIOTECHNO

AB Objective: To determine if immunization to human chorionic gonadotropin (hCG) has occurred in women with habitual abortion. Design: Comparisons between nonpregnant patients with a history of at least three consecutive miscarriages (n = 48) and normal controls (n = 38). In addition, 28 habitual aborters were compared, while pregnant, with 37 pregnant control women. Antibodies to hCG were assessed by a solid-phase

immunometric assay using europium-labeled antihuman immunoglobulin (Ig)G as tracer; this method is capable of detecting antibodies toward hCG in serum of patients immunized with .beta.-hCG-tetanus toxoid conjugate. Setting: Departments I and II of Obstetrics and Gynecology, University Central Hospital of Helsinki, Helsinki, Finland. Results: Three patients (1 primary and 2 secondary aborters, 1 both while pregnant and not pregnant) showed evidence of Ig binding to hCG, but the binding was not inhibited by an excess of hCG. Conclusions: Antibodies against endogenous hCG may not be responsible for habitual abortion.

L15 ANSWER 24 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
ACCESSION NUMBER: 1990:20260305 BIOTECHNO

TITLE: Clinical and biochemical pregnancy in two respective recipients without ovarian function following gamete intrafallopian transfers using oocytes from a single donor

AUTHOR: Oskarsson T.; Edgar D.H.; Whalley K.M.; Mills J.A.

CORPORATE SOURCE: Unit of Reproductive Medicine, Ninewells Hospital, Medical School, Dundee DD1 9SY, United Kingdom.

SOURCE: Scottish Medical Journal, (1990), 35/4 (114-115)
CODEN: SMDJAK ISSN: 0036-9330

DOCUMENT TYPE: Journal; Article

COUNTRY: United Kingdom

LANGUAGE: English

SUMMARY LANGUAGE: English

AN 1990:20260305 BIOTECHNO

AB Infertility resulting from premature ovarian failure in two independent patients was treated using a combination of steroid replacement, oocyte donation and gamete intrafallopian transfer (GIFT). Following ovarian stimulation four oocytes were retrieved from a volunteer donor undergoing simultaneous laparoscopic sterilisation. Two oocytes were subsequently replaced into each recipient's fallopian tube together with capacitated sperm from their respective husbands. In one recipient (Turner's syndrome) an intrauterine sac with fetal heart present was observed by ultrasound six weeks post GIFT whereas in the second recipient (premature menopause) plasma .beta.-hCG reached a peak value of 954 mIU/ml eighteen days after GIFT before decreasing rapidly in the absence of ultrasound evidence of pregnancy. Intramuscular administration of progesterone appeared to be necessary during the post-GIFT period for maintenance of pregnancy. The above treatment was carried out on a predominantly out-patient basis in a small assisted conception unit based in a teaching hospital.

L15 ANSWER 25 OF 25 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
ACCESSION NUMBER: 1986:16120654 BIOTECHNO

TITLE: The predictive value of hCG β subunit levels in pregnancies achieved by in vitro fertilization and embryo transfer: An international collaborative study

AUTHOR: Confino E.; Demir R.H.; Friberg J.; Gleicher N.

CORPORATE SOURCE: Department of Obstetrics and Gynecology, Mount Sinai Hospital Medical Center, Chicago, IL 60608, United States.

SOURCE: Fertility and Sterility, (1986), 45/4 (526-531)
CODEN: FESTAS

DOCUMENT TYPE: Journal; Article

COUNTRY: United States

LANGUAGE: English

AN 1986:16120654 BIOTECHNO

AB Serial human chorionic gonadotropin (hCG) β subunit measurements of 300 pregnancies achieved by in vitro fertilization (IVF) were obtained by 15 IVF centers worldwide. Hormonal curves were established for 164 normal

singleton pregnancies, 25 normal multiple gestations, 60 chemical pregnancies, 41 first-trimester spontaneous abortions, and 10 ectopic pregnancies. In comparison to the normal singleton pregnancy curve, chemical pregnancies and spontaneous abortions showed statistically lower hCG levels. hCG levels of ectopic pregnancies, compared with normal singleton gestations, were lower from days 7 to 14. It is concluded that .beta.-hCG determinations of in vitro fertilized pregnancies allow pregnancy diagnosis as early as 7 to 9 days after embryo transfer (ET) and will permit early discrimination between normal and abnormal IVF pregnancies. A single .beta.-hCG determination on day 9 after ET may discriminate chemical, ectopic pregnancy or impending miscarriage from a normal gestation. An hCG determination on day 17 will predict early normal development of an IVF pregnancy.

=> ((beta hCG)(3A)(endometrial)) and (miscarriage or retardation or premature or preeclampsia)

L16	0	FILE	AGRICOLA
L17	0	FILE	BIOTECHNO
L18	0	FILE	CONFSCI
L19	0	FILE	HEALSAFE
L20	0	FILE	LIFESCI
L21	0	FILE	PASCAL

TOTAL FOR ALL FILES

L22	0	((BETA HCG)(3A)(ENDOMETRIAL)) AND (MISCARRIAGE OR RETARDATION OR PREMATURE OR PREECLAMPSIA)
-----	---	---

=> alexander h/au

L23	17	FILE	AGRICOLA
L24	50	FILE	BIOTECHNO
L25	41	FILE	CONFSCI
L26	1	FILE	HEALSAFE
L27	49	FILE	LIFESCI
L28	148	FILE	PASCAL

TOTAL FOR ALL FILES

L29	306	ALEXANDER H/AU
-----	-----	----------------

=> zimmermann g/au

L30	99	FILE	AGRICOLA
L31	38	FILE	BIOTECHNO
L32	24	FILE	CONFSCI
L33	0	FILE	HEALSAFE
L34	48	FILE	LIFESCI
L35	312	FILE	PASCAL

TOTAL FOR ALL FILES

L36	521	ZIMMERMANN G/AU
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=> 129 and 136

L37	0	FILE	AGRICOLA
L38	7	FILE	BIOTECHNO
L39	0	FILE	CONFSCI
L40	0	FILE	HEALSAFE
L41	1	FILE	LIFESCI
L42	3	FILE	PASCAL

TOTAL FOR ALL FILES

L43	11	L29 AND L36
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=> dup rem
ENTER L# LIST OR (END):143
PROCESSING COMPLETED FOR L43
L44 9 DUP REM L43 (2 DUPLICATES REMOVED)

=> d 144 ibib abs total

L44 ANSWER 1 OF 9 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
DUPLICATE

ACCESSION NUMBER: 2003:36285148 BIOTECHNO
TITLE: Expression of beta hCG and alpha CG mRNA and hCG
hormone in human decidual tissue in patients during
tubal pregnancy
AUTHOR: Zimmermann G.; Baier D.; Majer J.;
Alexander H.
CORPORATE SOURCE: H. Alexander, Department of Gynecology/Obstetrics,
Division of Human Reprod./Endocrinol, University of
Leipzig, Ph.-Rosenthal-Strasse 55, D-40103 Leipzig,
Germany.
E-mail: aleh@medizin.uni-leipzig.de
SOURCE: Molecular Human Reproduction, (01 FEB 2003), 9/2
(81-89), 47 reference(s)
CODEN: MHREFD ISSN: 1360-9947
DOCUMENT TYPE: Journal; Article
COUNTRY: United Kingdom
LANGUAGE: English
SUMMARY LANGUAGE: English

AN 2003:36285148 BIOTECHNO

AB We recently showed that endometrial tissue produces hCG during the
secretory phase of the menstrual cycle. Based on these findings, we
hypothesized that the decidua should also be able to secrete hCG. We
examined the decidualized endometrium of patients with extrauterine
pregnancies. Decidual specimens were obtained for mRNA extraction and
paraffin embedding from 24 patients that were between weeks 6-11 of tubal
pregnancy. Tissues were evaluated and classified into one of three groups
based on the endometrial differentiation that took place prior to
conception: (A) high secretory transformation, (B) diminished
transformation with restricted decidualization and (C) inferior
endometrial proliferation. Decidual gland hCG secretion was demonstrated
immunohistochemically and by Western blotting. Serum hCG levels were
higher ($P < 0.0001$) in patients from group A than group C. mRNA
expression of both the β subunit (β -hCG) and α subunit
(α -CG) was determined by RT-PCR. Furthermore, the specificity of
 β -hCG amplification was confirmed by restriction enzymes. β -LH
amplification was not found. Moreover, the degree of endometrial
transformation and the level of decidualization was found to correlate
with hCG hormone staining and β -hCG mRNA expression. hCG protein in
the decidua was present in the glands of the compact layer and in the
spongy layer, and was more pronounced in previously transformed high
secretory endometrium than in inferior endometrium. In conclusion, this
study provides the first evidence that hCG is produced in the decidua of
patients during extrauterine pregnancies and might play a possible
paracrine role.

L44 ANSWER 2 OF 9 LIFESCI COPYRIGHT 2009 CSA on STN

ACCESSION NUMBER: 2008:126256 LIFESCI
TITLE: Expression of beta hCG and alpha CG mRNA and hCG hormone in
human decidual tissue in patients during tubal pregnancy
AUTHOR: Zimmermann, G.; Baier, D.; Majer, J.;
Alexander, H.

SOURCE: Molecular Human Reproduction [Mol. Human Reprod.],
(20030200) vol. 9, no. 2, 81.
ISSN: 1360-9947.

DOCUMENT TYPE: Journal

FILE SEGMENT: N

LANGUAGE: English

SUMMARY LANGUAGE: English

AB We recently showed that endometrial tissue produces hCG during the secretory phase of the menstrual cycle. Based on these findings, we hypothesized that the decidua should also be able to secrete hCG. We examined the decidualized endometrium of patients with extrauterine pregnancies. Decidual specimens were obtained for mRNA extraction and paraffin embedding from 24 patients that were between weeks 6-11 of tubal pregnancy. Tissues were evaluated and classified into one of three groups based on the endometrial differentiation that took place prior to conception: (A) high secretory transformation, (B) diminished transformation with restricted decidualization and (C) inferior endometrial proliferation. Decidual gland hCG secretion was demonstrated immunohistochemically and by Western blotting. Serum hCG levels were higher ($P < 0.0001$) in patients from group A than group C. mRNA expression of both the [beta] subunit ([beta]-hCG) and [alpha] subunit ([alpha]-CG) was determined by RT-PCR. Furthermore, the specificity of [beta]-hCG amplification was confirmed by restriction enzymes. [beta]-LH amplification was not found. Moreover, the degree of endometrial transformation and the level of decidualization was found to correlate with hCG hormone staining and [beta]-hCG mRNA expression. hCG protein in the decidua was present in the glands of the compact layer and in the spongy layer, and was more pronounced in previously transformed high secretory endometrium than in inferior endometrium. In conclusion, this study provides the first evidence that hCG is produced in the decidua of patients during extrauterine pregnancies and might play a possible paracrine role.

L44 ANSWER 3 OF 9 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1998:29041468 BIOTECHNO

TITLE: Utero-ovarian interaction in the regulation of
reproductive function

AUTHOR: Alexander H.; Zimmermann G.;
Wolkersdorfer G.W.; Biesold C.; Lehmann M.; Eienkel
J.; Pretzsch G.; Baier D.

CORPORATE SOURCE: H. Alexander, Department Gynaecology Obstetrics,
University Leipzig, Ph.-Rosenthal-Strasse 55, 04103
Leipzig, Germany.

SOURCE: Human Reproduction Update, (1998), 4/5 (550-559), 35
reference(s)

CODEN: HRUPF8 ISSN: 1355-4786

DOCUMENT TYPE: Journal; Conference Article

COUNTRY: United Kingdom

LANGUAGE: English

SUMMARY LANGUAGE: English

AN 1998:29041468 BIOTECHNO

AB The physiological regulation of fertile reproductive cycle in mammals depends on interactions between hypothalamus-pituitary, ovarian and uterine stimuli. Over the past 20 years, much has been learned about the interrelation between the affluent and effluent lymph and vascular drainage in and around both ovarian and uterine tissues. An essential feature in the regulation of the fertile cycle is the functional status of the ovary, particularly the corpus luteum. During the time of implantation and the early pregnancy, an active corpus luteum is essential. As human chorionic gonadotrophin (HCG) is important in the maintenance of the corpus luteum, we investigated if it was produced by

the cyclic endometrium. Immunohistochemical and in-situ hybridization reactions were performed but neither identified the presence of HCG during the proliferative phase. Positive staining and β -human chorionic gonadotrophin (β -HCG) mRNA were observed during the secretory phase in the glandular cells of the endometrium. The results were confirmed by Western blotting of secretory phase endometrium extracts and assessment of the functional secretory capacity of primary endometrial cultures. Polymerase chain reaction (PCR) investigations showed a positive result in the secretory phase. We postulate that, based on the very close morphological interrelation between the uterus and the ovary, the β -HCG of the endometrium is the primary factor for the maintenance of the corpus luteum and early pregnancy.

L44 ANSWER 4 OF 9 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
ACCESSION NUMBER: 1998:29305020 BIOTECHNO
TITLE: HCG secretion by peripheral mononuclear cells during pregnancy
AUTHOR: Alexander H.; Zimmermann G.;
Lehmann M.; Pfeiffer R.; Schone E.; Leiblein S.;
Ziegert M.
CORPORATE SOURCE: H. Alexander, Department of OB/GYN, Human
Reproduction/Endokrinol. Div., University Leipzig,
Ph.-Rosenthal-Str. 55, D-04103 Leipzig, Germany.
SOURCE: Domestic Animal Endocrinology, (1998), 15/5 (377-387),
48 reference(s)
CODEN: DANEEE ISSN: 0739-7240
PUBLISHER ITEM IDENT.: S0739724098000253
DOCUMENT TYPE: Journal; Conference Article
COUNTRY: United States
LANGUAGE: English
SUMMARY LANGUAGE: English
AN 1998:29305020 BIOTECHNO
AB Peripheral mononuclear cells (MNC) in culture release a biologically active hCG. This effect is detectable during pregnancy with a maximum between the 9th and 16th wk. Peripheral MNC already secrete hCG between the 7th and 11th d after embryo transfer. The secretion of hCG is activated by the PKC- activator TPA. TPA induces hCG release into the medium, thus causing a decrease in intracellular hCG content. In contrast, db-cAMP inhibits hCG secretion into the medium. Protein synthesis inhibitors of transcription and translation suppress the production and secretion of hCG. Peripheral natural killer (NK) cells (CD 56+/CD16+) and monocytes (CD14+) show the highest secretion rates. IL-1 β , IL-4, IL-6, IL-10, TNF α , and GM-CSF stimulate, whereas IL-2 and INF γ inhibit, the hCG secretion of mononuclear cells. Flow cytometric experiments with hCG antibody demonstrate a binding of hCG on the surface of monocytes more than lymphocytes. The binding capacity is improved during pregnancy. Different hCG bands are shown in the Western blot analysis. We could confirm the mRNA of β hCG and α CG are in MNC as well in the placental control. Peripheral MNC, first and foremost NK cells and monocytes, produce and secrete hCG during pregnancy, which play an important role for the corpus luteum rescue during the early gestational age and possibly for the immunotolerance.

L44 ANSWER 5 OF 9 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN
DUPLICATE
ACCESSION NUMBER: 1998:28137567 BIOTECHNO
TITLE: The presence of chorionic gonadotrophin β subunit in normal cyclic human endometrium
AUTHOR: Wolkersdorfer G.W.; Bornstein S.R.; Hilbers U.;
Zimmermann G.; Biesold C.; Lehmann M.;
Alexander H.

CORPORATE SOURCE: G.W. Wolkersdorfer, Department of Internal Medicine,
Ph.-Rosenthal-Strasse 27, 04103 Leipzig, Germany.
SOURCE: Molecular Human Reproduction, (1998), 4/2 (179-184),
30 reference(s)
CODEN: MHREFD ISSN: 1360-9947
DOCUMENT TYPE: Journal; Article
COUNTRY: United Kingdom
LANGUAGE: English
SUMMARY LANGUAGE: English

AN 1998:28137567 BIOTECHNO

AB The aim of the present study was to determine whether human endometrial cells are able to secrete β -chorionic gonadotrophin (β CG). Immunohistochemical studies and in-situ hybridization were performed in order to provide evidence for the occurrence of β CG in the normal endometrium in 15 patients in the proliferative phase, two patients in the periovulatory phase and 13 patients in the secretory phase. Neither immunohistochemical nor hybridization reactions could be recognized during the proliferative phase. In contrast, both protein and β CG mRNA were observed in the glandular cells of the endometrium during the secretory phase. The results were supported by Western blotting of secretory phase endometrium extracts and the assessment of the functional secretory capacity of primary endometrium cultures. In comparison with cultured and separated cell fractions, tissue extracts showed a higher β CG, indicating a regulatory interaction. In conclusion, β CG can be demonstrated in normal human cyclic endometrium, suggesting a paracrine role in endometrial physiology.

L44 ANSWER 6 OF 9 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1997:27257210 BIOTECHNO

TITLE: Risk identification of the Ovarian Hyperstimulation Syndrome (OHS) by a machine learning system (Decision Master(TM)) in 155 in-vitro-fertilization and embryotransfer (IVF/ET) long protocol-cycles
RISIKOERKENNUNG DES OVARIELLEN
UBERSTIMULATIONSSYNDROMS (OHS) MIT HILFE DES
MASCHINELLEN LERNVERFAHRENS 'DECISION MASTER'(TM) BEI
155 IN-VITRO-FERTILISATION UND EMBRYOTRANSFER
(IVF/ET)-ZYKLEN MIT DEM LANGEN STIMULATIONSPROTOKOLL

AUTHOR: Haake K.-W.; List P.; Baier D.; Zimmermann G.
; Pretzsch G.; Alexander H.

CORPORATE SOURCE: Prof. Dr. K.-W. Haake, Universitäts-Frauenklinik,
Philipp-Rosenthal-Str. 55, D-04103 Leipzig, Germany.

SOURCE: Zentralblatt für Gynäkologie, (1997), 119/SUPPL. 1
(23-27), 34 reference(s)

CODEN: ZEGYAX ISSN: 0044-4197

DOCUMENT TYPE: Journal; Article

COUNTRY: Germany, Federal Republic of

LANGUAGE: German

SUMMARY LANGUAGE: German; English

AN 1997:27257210 BIOTECHNO

AB In 155 selected IVF/ET cycles stimulated by the long protocol 25 cycles with severe OHS are included that turned out later on (aware of overrepresentation). An inductive machine learning program is described both in informatic and medical essentials. It is tested whether there is found an algorithm for ruling out the mentioned above complication in the follicular phase of the same cycle already. By cross validation 89% of the OHS could be predicted and proven by practicable rules using hormone and ultrasound values to avoid similar events in ongoing or further cycles.

L44 ANSWER 7 OF 9 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1989:19235572 BIOTECHNO
 TITLE: The spontaneous LH elevation in the cycle stimulation
 DER SPONTANE ENDOGENE LH-ANSTIEG IM STIMULIERTEN
 ZYKLUS
 AUTHOR: Alexander H.; Birkhauser M.; Zimmermann
 G.; Huber P.; Pavic N.; Lehmann M.; Baier D.;
 Weber W.; Haake K.-W.
 CORPORATE SOURCE: Klinik fur Gynakologie und Geburtshilfe,
 Karl-Marx-Universitat, Leipzig, Germany.
 SOURCE: Archives of Gynecology and Obstetrics, (1989), 245/1-4
 (994-999)
 CODEN: AGOBEJ ISSN: 0932-0067
 DOCUMENT TYPE: Journal; Article
 COUNTRY: Germany, Federal Republic of
 LANGUAGE: German
 AN 1989:19235572 BIOTECHNO

L44 ANSWER 8 OF 9 PASCAL COPYRIGHT 2009 INIST-CNRS. ALL RIGHTS RESERVED. on
 STN

ACCESSION NUMBER: 1990-0084055 PASCAL
 TITLE (IN ENGLISH): Development and validation of a radioimmunoassay for
 serum melatonin
 AUTHOR: MANZ B.; SEIDEL A.; ALEXANDER H.; VOLLRATH
 L.; WAGNER B.; ZIMMERMANN G.; WIEDEMANN K.;
 POLLOW K.
 CORPORATE SOURCE: Johannes Gutenberg univ., abt. exp. endokrinologie,
 Mainz 6500, Germany, Federal Republic of
 SOURCE: Journal of clinical chemistry and clinical
 biochemistry, (1989), 27(10), 797-802, 12 refs.
 ISSN: 0340-076X CODEN: JCCBDT
 DOCUMENT TYPE: Journal
 BIBLIOGRAPHIC LEVEL: Analytic
 COUNTRY: Germany, Federal Republic of
 LANGUAGE: English
 AVAILABILITY: CNRS-10319
 AN 1990-0084055 PASCAL

L44 ANSWER 9 OF 9 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1988:18119148 BIOTECHNO
 TITLE: Problems in a triplet-pregnancy after
 in-vitro-fertilization and embryotransfer (IVF & ET)
 ZUR PROBLEMATIK EINER MEHRLINGSSCHWANGERSCHAFT NACH
 IN-VITRO-FERTILISATION UND EMBRYOTRANSFER
 AUTHOR: Haake K.-W.; Alexander H.; Baier D.; Glander
 H.-J.; Weber W.; Zimmermann G.
 CORPORATE SOURCE: Klinik fur Gynakologie und Geburtshilfe der
 Karl-Marx-Universitat, DDR-7010 Leipzig 7010, Germany.
 SOURCE: Geburtshilfe und Frauenheilkunde, (1988), 48/5
 (374-375)
 CODEN: GEFRA2 ISSN: 0016-5751
 DOCUMENT TYPE: Journal; Article
 COUNTRY: Germany, Federal Republic of
 LANGUAGE: German
 SUMMARY LANGUAGE: English
 AN 1988:18119148 BIOTECHNO
 AB In a 32-year-old patient 14 eggs were harvested and inseminated with
 donor semen. Six embryos were transferred resulting in a
 triplet-pregnancy. In spite of a septic disease three preterm but healthy
 children were born by caesarean section 199 days after ET (male 1620,0;
 female 1180,0; male 1560,0). Up to nowadays there is not any handicap. We
 don't know a general but safe method for avoiding multiple pregnancies.

